

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # A30805

1. Entity Name
DEVONSHIRE ASSOCIATES, LTD.



Principal Place of Business

**1601 BELVEDERE ROAD, SUITE 407 SOUTH
WEST PALM BEACH, FL 33406**

Mailing Address

**1601 BELVEDERE ROAD, SUITE 407 SOUTH
WEST PALM BEACH, FL 33406**



01062006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
85-0225879

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WAM MANAGEMENT I, INC.
1601 BELVEDERE ROAD, SUITE 407 SOUTH
WEST PALM BEACH, FL 33406**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # **A97000000338**
NAME **WAM LIFE CARE ASSOCIATES, LTD.**
STREET ADDRESS **1601 BELVEDERE ROAD, SUITE 407 SOUTH**
CITY-ST-ZIP **WEST PALM BEACH, FL 33406**

DOCUMENT # **A97000000339**
NAME **DEVONSHIRE LIFE CARE ASSOCIATES, LTD.**
STREET ADDRESS **1601 BELVEDERE ROAD, SUITE 407**
CITY-ST-ZIP **WEST PALM BEACH, FL 33406**

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02/17/06-80023-014 508.75

**DO NOT WRITE
IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE